

ISSUE SLIP STAPLE AREA (for additional cross references)

| PO- T- N | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | DM | 32 | 5/2 |
| FORMALITY REVIEW | HS | 866 | 05.11.01 |
| RESPONSE FORMALITY REVIEW | Zm | 927 | 08/01/01 |

INDEX OF CLAIMS

| | | | |
|---|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| — | Allowed | I | Interference |
| — | Canceled | A | Appeal |
| — | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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